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| Subject: | Better Care Fund Plan | | |
| Date of Meeting: | 5 February 2013 | | |
| Report of: | Executive Director, Adult Services & Chief Operating Officer, CCG | | |
| Contact Officer: | Name: | Anne Foster, Head of Commissioning, CCG | Tel: 01273 574657 |
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| Ward(s) affected: | All | | |

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The purpose of the report is to provide details of the Brighton and Hove Better Care Fund Plan. It is a national requirement of the Better Care Fund that plans are approved by the relevant Health and Wellbeing Board.

2. RECOMMENDATIONS:

- 2.1 That the Health & Wellbeing Board approves the proposals for the Better Care Fund Plan for Brighton and Hove as set out in Appendix 1 and 2 of this report.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The Better Care Fund (previously referred to as the Integrated Transformation Fund) was announced in June as part of the 2013 Spending Round. It provides an opportunity to transform local services so that people are provided with better integrated care and support. It encompasses a substantial level of funding to help local areas manage pressures and take the integration agenda forward at scale and pace.
- 3.2 The Better Care Fund provides an opportunity to improve services to some of the most vulnerable residents, placing them and their carers at the centre of their own care and provide an opportunity of expansion of care in community settings.
- 3.3 The vision for our frail population is to help them stay healthy and well by providing "whole person care", promoting independence and enabling people to fulfil their potential. Services will be seamless and co-ordinated. They will be delivered at home or in community settings wherever possible, avoiding unnecessary attendances at A&E, admissions to hospital and to long term care. Services will offer more choice and more flexible support to enable a more

person centred approach. Organisations will work together to achieve better outcomes for people, and make the best use of available resources

- 3.4 In Brighton and Hove we are using the term “frailty” to identify the client groups most likely to benefit from more integrated care. The definition of frailty that we are using at this stage to encompass the breadth of needs is “*a state of high vulnerability for adverse health outcomes, including disability, dependency, falls, need for long-term care, and mortality.*” (Fried, Ferrucci, Darer, Williamson, & Anderson, 2004)¹
- 3.5 A piece of scoping work is being undertaken between January and March 2014 to identify the potential client groups that could most benefit from “whole person care”. Although advancing age brings with it a greater susceptibility to frailty, some younger people particularly those with complex needs are also frail. Given the particular demographics of the Brighton and Hove population with high levels of mental illness & homelessness the approach to frailty will be broader than old age and will reflect the wide range of needs of our population.
- 3.6 The Better Care Plan for Brighton and Hove is enclosed in Appendix 1.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 Every council and CCG is required to develop a Better Care Fund Plan in line with the national guidance. Each area is expected to identify local priorities for inclusion and demonstrate how the plan meets the following six national conditions:
- Plans to be developed jointly
 - Protection for social care services
 - 7 day services to support patients being discharged and prevent unnecessary hospital admissions at weekends
 - Better data sharing between health and social care, based on the NHS number
 - Ensure a joint approach to assessment and care planning
 - Agreement on the impact in the acute sector
- 4.2 Brighton and Hove has used the term “frailty” to identify the client groups most likely to benefit from more integrated care. Some of the potential characteristics for frailty include
- People with dementia
 - People who are homeless
 - People who are housebound
 - People with multiple long term conditions
 - People at end of life
 - Care home residents

¹ http://consultgerim.org/topics/frailty_and_its_implications_for_care_new/want_to_know_more

- 4.3 As outlined in paragraph 3.5 scoping working is currently being undertaken to analyse in more detail the potential population groups that could be included in the integrated model of care. The output of the scoping work will be an option appraisal to inform the preferred model.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 The Brighton and Hove vision for an integrated frailty model of care is based on feedback from public, patients, service users and carers. A key theme that has emerged from Clinical Commissioning Group and Brighton and Hove City Council public events is that whilst there are many excellent care and support services available in the City they do not always work well in terms of an overall system of care centred around keeping people well at home. Further details are contained in Appendix 1 Section d)
- 5.2 Formal arrangements to obtain on-going feedback will be put in place as an integral part of the Brighton and Hove Better Care Programme plan to ensure that service user and carer views drive the new model of care. This will include public meetings, the use of GP practices patient participation groups as well as a formal service user and carer reference group.

6. CONCLUSION

- 6.1 Brighton and Hove City Council and the CCG are required to produce a Better Care Fund Plan in line with the national guidance for approval by the Health and Wellbeing Board.
- 6.2 The detail of the plan is attached in Appendix 1.
- 6.3 The detail of the financial information will follow and will be sent to members of the Health and Well Being Board before the meeting on 5th Feb 2014. This will be added to the report as Appendix 2.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 In 2015/16 the Better Care Fund Plan will be created from the following funding streams, a significant proportion of which is already being spent by the local authority on joint health and social care priorities. The sums currently allocated to Brighton & Hove in this way are identified in the table below.

Table: Analysis of Better Care Fund Plan Funding Streams

| Funding Stream | National 'Pot' | Brighton & Hove's Allocation |
|--|----------------|------------------------------|
| NHS Funding | £1.9 billion | Yet to be advised by DH |
| Carers Break Funding | £130 million | £ 600,000 |
| CCG Reablement Funding | £300 million | £1,400,000 |
| Adult Social Care Capital Grant | £129 million | £ 674,000 |
| Disabled Facilities Grant (Capital) | £225 million | £ 727,000 |
| Current transfer from NHS to Social Care | £900 million | £4,608,000 |
| Additional transfer from NHS (2014/15) | £200 million | £1,024,000 |

The pooled Better Care Fund budget for 2014/15 is £5.622m

Provisional figures in relation to Brighton & Hove's allocation for 2015/16 were released by NHS England on 20th December 2013 as below:

| | £m |
|-------------------------------|---------------|
| NHS Brighton & Hove CCG | 18.065 |
| Social Care Capital Grant | 0.684 |
| Disabled Facilities Grant | 0.911 |
| Total Better Care Fund | 19.660 |

- 7.2 An element of the fund will be dependent on performance and outcomes have been agreed to monitor achievements against. There are risks associated with the performance nature of the funding and a risk mitigation approach will be agreed between partners.
- 7.3 The proposed use of the Better Care Fund which has been agreed between partners is detailed in Appendix 2. (To follow - see 6.3 above).
- 7.4 The timelines for preparing these financial proposals has been very tight and therefore consideration has been given to maintaining flexibility where possible to make adjustments as the planning process becomes more detailed.

Finance Officers Consulted: Anne Silley/Catherine Vaughan Date: 24/01/14

Legal Implications:

- 7.5 On 12th December 2013 full Council approved amendments to the terms of reference for the Health and Wellbeing Board "to agree and sign off local plans required to access the Integrated Transformation Fund (ITF), the first of which to be signed off and submitted by 31st March 2014". This report seeks sign off from the Health and Wellbeing Board for the first local plan, in accordance with the Board's new powers. The local plans must be approved by the Health and

Wellbeing Board in order to meet the Government's requirements to access the fund.

Lawyer Consulted: Elizabeth Culbert

Date: 23/01/14

Equalities Implications:

- 7.6 An equalities impact assessment will be carried out once more detailed plans have been developed for the integrated models of care.
- 7.7 The development of integrated models of care will potentially affect staff from a range of health social care and independent sector providers. Further more detailed assessment will be carried out as the integrated work plan develops.

Sustainability Implications:

- 7.8 The Better Care Fund aims to provide funding enable each local areas manage pressures and improve long term sustainability.
- 7.9 The CCG, as part of its authorisation process committed to developing a Sustainable Commissioning Plan. The CCG sustainability Plan includes the following priorities which are relevant to the Better Care Fund:
- Ensuring our clinical pathway designs address prevention, quality, innovation productivity and integration.
 - Delivering our duties under the Social Value Act of 2012 and embedding social value and community assets in our procurement practice.
 - Facilitating enablers such as the roll out of electronic prescriptions;

SUPPORTING DOCUMENTATION

Appendices:

1. **Brighton and Hove Better Care Fund Plan**
2. **Brighton and Hove Better Care Fund – Outcomes & Finances (to follow)**

Documents in Members' Rooms

None